

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/528 26

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51		1			
2			1					52		1			
3			1					53		1			
4			1					54		1			
5			1					55		1			
6			1					56		1			
7			1					57		1			
8			1					58		1			
9			1					59		1			
10			1					60		1			
11			1					61		1			
12			1					62		1			
13			1					63		1			
14			1					64		1			
15			1					65		1			
16			1					66		1			
17			1					67		1			
18			1					68		1			
19			1					69		1			
20			1					70		1			
21			1					71		1			
22			1					72		1			
23			1					73		1			
24			1					74		1			
25			1					75		1			
26			1					76		1			
27			1					77		1			
28			1					78		1			
29			1					79		1			
30			1					80		1			
31			1					81		1			
32			1					82		1			
33			1					83		1			
34			1					84		1			
35			1					85		1			
36			1					86		1			
37			1					87		1			
38			1					88		1			
39			1					89		1			
40			1					90		1			
41			1					91		1			
42			1					92		1			
43			1					93		1			
44			1					94		1			
45			1					95		1			
46			1					96		1			
47			1					97		1			
48			1					98		1			
49			1					99		1			
50			1					100		1			
TOTAL IND.								TOTAL IND.		1			
TOTAL DEP.								TOTAL DEP.		66			
TOTAL CLAIMS								TOTAL CLAIMS		67			